**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION	
1 OTTIVI 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying is changed) over the lines	, type 12FE4M5
CORINTHIAN	COLLEGES INC PAC	
ADDRESS (number and s	treet) 6 HUTTON CENTRE DRIVE SUITE 400	
(Check if address is changed)	CO JOHN FIORETTO	
	SANTA ANA	CA 92707 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address X is changed)	pdegiusti@cci.edu	
is changed)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00357640	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDE	ED (A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true	2. correct and complete
,		,
Type or Print Name of	Treasurer Paul De Giusti	
Signature of Treasurer	Electronically Filed by Paul De Giusti	Date 0 1 2 9 7 2 0 1 0
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing.  ANY CHANGE IN INFORMATION SHOULD BE REF	
Office		formation contact.
Use Only	Federal Electic Toll Free 800-4	on Commission FEC FORM 1